

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/510068

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/		
2			/	/		
3			/	/		
4			/	/		
5			/	/		
6			/	/		
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42			/	/		
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44			/	/		
45			/	/		
46			/	/		
47						
48						
49						
50						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.	←		37	←		←
TOTAL CLAIMS			46			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/	/		
52			/	/		
53			/	/		
54			/	/		
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94			/	/		
95			/	/		
96			/	/		
97			/	/		
98			/	/		
99			/	/		
100			/	/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						